# and print, print

# Express Mail Label No. EL 823671615 US

## **Application Data Sheet**

# **Application Information**

Application number:: Unassigned

Filing Date:: Herewith

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: COMBINATION THERAPY USING

PENTAFLUOROBENZENESULFONAMIDES AND

ANTINEOPLASTIC AGENTS

Attorney Docket Number:: 018781-007210US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Susan

Middle Name::

Family Name:: Schwendner

Name Suffix::

City of Residence:: San Bruno

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2000 Crystal Springs Road, #7-05

City of Mailing Address:: San Bruno

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94066

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Netherlands

Status:: Full Capacity

Given Name:: Pieter

Middle Name::

Family Name:: Timmermans

Name Suffix::

City of Residence:: Redwood City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 850 Hillcrest Drive

City of Mailing Address:: Redwood City

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Jacqueline

Middle Name:: Walling Family Name::

Name Suffix::

Burlingame

City of Residence::

State or Province of Residence::

CA

Country of Residence::

Street of Mailing Address:: 2710 Easton Drive

City of Mailing Address::

Burlingame

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94010

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Representative Number:: Representative Name:: Eugenia Garrett-

Primary 37,330 Eugenia GarrettWackowski

Associate 37,369 William B. Kezer

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

Claims the benefit of

Provisional

60/245,878

11/03/00

# Foreign Priority Information

Country::

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Application number::

Filing Date::

# **Assignee Information**

Assignee Name::

Tularik Inc.

Street of mailing address::

Two Corporate Drive

City of mailing address::

So. San Francisco

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

94080